


Spring 2009

# Jefferson Alumni Bulletin – Volume 58, Number 1, Spring 2009

## Let us know how access to this document benefits you

Follow this and additional works at: [http://jdc.jefferson.edu/alumni\\_bulletin](http://jdc.jefferson.edu/alumni_bulletin)

 Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)

### Recommended Citation

"Jefferson Alumni Bulletin – Volume 58, Number 1, Spring 2009" (2009). *Jefferson Medical College Alumni Bulletin*. Paper 285.

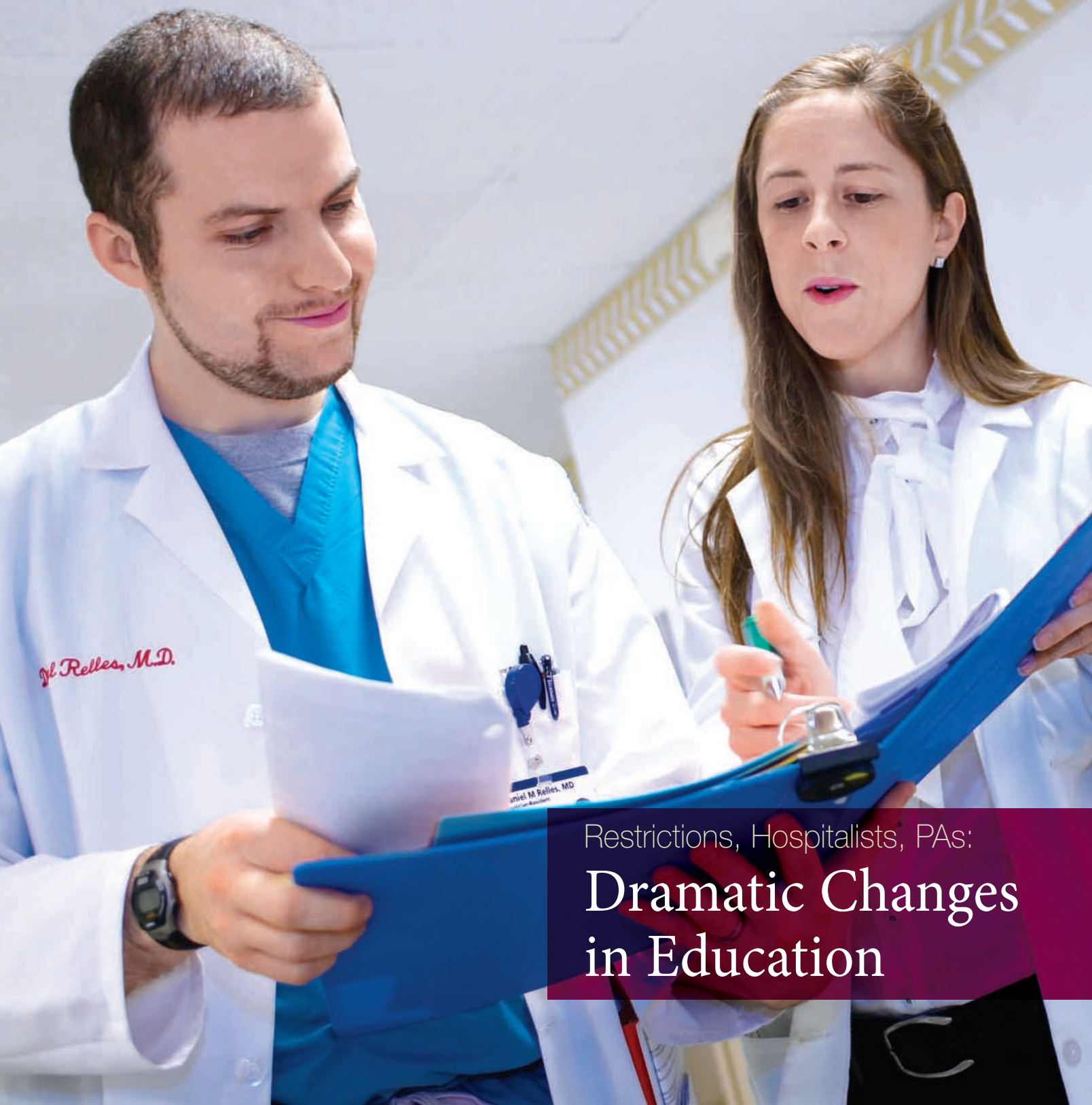
[http://jdc.jefferson.edu/alumni\\_bulletin/285](http://jdc.jefferson.edu/alumni_bulletin/285)

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Medical College Alumni Bulletin by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

# Jefferson

ALUMNI BULLETIN

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • SPRING 2009



Restrictions, Hospitalists, PAs:

## Dramatic Changes in Education

# Message from the President



Robert L. Barchi, MD, PhD

The recession, with its string of financial setbacks in the headlines, has affected Jefferson as it has all of us. In many ways – because of prudent planning and the quality of our education and care – we remain on solid footing, with no immediate threats to our stability. But we do have deep concerns about the effects of the economic downturn on our students.

Jefferson is first and foremost an educational institution, and our budget relies on tuition as a major source of revenue. We are fortunate that demand for a Jefferson education is at an all-time high with applications to virtually all of our programs running well ahead of prior years and far in excess of the number of places available.

Although the university ended the first half of the fiscal year ahead of our very aggressive budget, we cannot assume that this performance will continue through the remainder of the year. While our clinical practices continue to do well, and we are holding our own with research grants despite the toughest environment I've seen in 30 years, we do expect the research situation to tighten even further as nonprofits retrench in the face of dwindling endowment income. Our own endowment has lost considerable value during the past month, mirroring the experience of other universities large and small. And philanthropic support has declined by nearly one third this year.

Our immediate, most critical concern centers on our students. Many rely on multiple public and private sources to finance their education, and these sources are not readily available now. Though we charge just a fraction of what a JMC education costs, our medical students now pay about \$64,000 annually for tuition and expenses and graduate with an average debt of \$150,000. Students in our other schools and colleges face similar financial challenges.

While we undoubtedly could fill the next class with students able to cover the full cost of their education, this approach would seriously undermine our commitment to diversity. We cannot allow ourselves to take

this step. We must respond to the financial challenge facing all our students by providing scholarship support to the most deserving without compromising our fiscal stability.

Most universities predict a downturn in charitable giving in the coming year. My hope is that JMC alumni recognize and respond to our great need for scholarship funds, reverse our current downward trend in fundraising, and make TJU an exception.

A rigorous expense reduction process coupled with expansion of our education opportunities have allowed Jefferson to remain in good standing. With the help of each and every TJU staff and faculty member, we have cut expenses in the past few months while reducing capital expenditures and restricting hiring. These are temporary initiatives designed to guarantee that we stay financially solid.

In doing so, we have not compromised our mission nor our momentum. A new orthopedics hospital/ambulatory care building remains central to our master plan, and the architectural work on it continues. Design work on a new academic home for our Schools of Nursing, Pharmacy and Health Professions is underway. Plans to open the School of Population Health in the fall remain unchanged. And we are unwavering in our commitment to diversity among our students.

We are conserving, marshalling and focusing our resources to allow us to continue to grow strategically. With help from alumni for our students, we will emerge from the recession stronger and closer to our goals.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert L. Barchi". The signature is fluid and cursive, with a large initial "R" and "B".

Robert L. Barchi, MD, PhD  
President  
Thomas Jefferson University



**Pictured on cover (left to right):**  
Residents Daniel M. Relles, MD, and  
Renata Burigatto, MD

# Contents



## FEATURES

**6 Restrictions, Hospitalists, PAs: Dramatic Changes in Education**



**14 Breaking Ground with Team-Based Education**



**2 JMC'S NEW DEAN**

**4 FINDINGS**

Researchers Use Toxin Gene to "Kill Cancer Cells"

**13 SCHOLARSHIP DINNER**

**18 ON CAMPUS**



**24 CLASS NOTES**

**28 IN MEMORIAM**

**29 BY THE NUMBERS**



**Jefferson Alumni Bulletin**  
**Spring 2009**  
**Volume 58, Number 1**

**Managing Editor:** Andrea Laine

**Design:** JeffGraphics

### **Bulletin Committee**

William V. Harrer, MD'62 *Chair*  
Lori Siegel DePersia, MD'81  
George P. Valko, MD'86  
John H. Moore, Jr., MD GS'85  
Robert T. Sataloff, MD'75  
Joseph Sokolowski, MD'62  
William Clements, MD'58  
James Harrop, MD'95  
Phillip J. Marone, MD'57, MS'07

Quarterly magazine published  
continuously since 1922

Address correspondence to:  
Editor, *Alumni Bulletin*  
Jefferson Medical College of  
Thomas Jefferson University  
925 Chestnut Street, Suite 110  
Philadelphia, PA 19107-4216

215-955-7920

Fax: 215-503-5084

[www.jefferson.edu/jmc/alumni/bulletin.cfm](http://www.jefferson.edu/jmc/alumni/bulletin.cfm)

The Jefferson community and supporters are  
welcome to receive the *Alumni Bulletin* on  
a regular basis; please contact the address  
above. Postmaster: send address changes  
to the address above. Periodicals postage  
paid at Philadelphia, PA. ISSN-0021-5821

JG 09-2061





## JMC's New Dean

**Mark Tykocinski, MD**, became the 26th dean of Jefferson Medical College on Dec. 2. He came to Jefferson from the University of Pennsylvania, where he served as professor and chair of the Department of Pathology and Laboratory Medicine, one of the School of Medicine's largest. There he developed residency and fellowship training programs considered second to none as well as nationally prominent research and clinical enterprises. In his own laboratory, his science has led to a series of patents in the fields of molecular and cellular immunology.

**Q: What attracted you most about this job?**

**A:** Jefferson is an institution with a distinguished history, approaching two centuries. This is very attractive to someone like me – the son of post-World War II immigrants who came to this country in search of a new home with a meaningful heritage. How satisfying to become part of the larger history of a place like Jefferson, an institution that continues to make history through clinical innovation and pioneering research.

**Q: You've worked at several institutions, including Case Western Reserve University, New York University and the National Institutes of Health. What stands out about Jefferson?**

**A:** The culture and the assets. Jefferson values its people. Over the years, I've come to know many Jefferson physicians, and what has always impressed me about them is their allegiance to the institution and their feeling part of a Jefferson family.

Perhaps Jefferson's greatest asset is the high caliber of its staff. I see a real opportunity to orchestrate this talent pool, to create new paradigms for modern academic medical centers as they grapple with immense challenges on the national scene. Because of Jefferson's manageable size, we can be more flexible and creative in our approaches. I aspire to help make Jefferson a place where a clinical elite practice the safest and most cutting-edge medicine, a place that is a research gem and a preferred home for the most innovative scientists and a place where we train the clinical leaders of tomorrow who are comfortable functioning within integrated healthcare delivery teams. This is the vision.

**Q: What are the biggest challenges Jefferson faces as an education center?**

**A:** The overarching challenge is financial; it cuts across all our missions. The good old days when clinical surpluses could be counted on to leverage the education and research missions of a medical college are long gone. And a growing challenge that is often not considered is the competition for talent. When financial times become tight, retaining and recruiting outstanding faculty stresses organizations of our stature. That's why we need to ensure that Jefferson is a place where the very best people want to stay.

**Q: How will Jefferson overcome these challenges?**

**A:** We have to re-imagine how medical centers operate and restructure their systems in creative ways. I'd suggest a driving concept and useful catch phrase for us here at Jefferson might be "the experience." We want to focus on the patient experience. We want to focus on the faculty experience. We want to focus on the trainee experience. This may sound a bit trite, but it isn't. For patients, we are introducing service lines that will help them better navigate through our system. We need to systematically examine the support structures we offer our faculty, with the goal of making it as easy as possible for them to do their thing. And the student's ground-level experience should inform the next round of changes we make in the curriculum.

**Q: You have a research background and you mentioned making Jefferson a "research gem." Why is increasing research important?**

**A:** Discovery and innovation should be at the heart of any leading academic medical center. Not only is this a worthy mission in its own right, but it is critical if Jefferson is to be a magnet for patients and trainees. Even if one were solely focused on the clinical enterprise, one would still want Jefferson to be vested in the development of next-generation therapeutics and diagnostics – these attract patients who are looking for access to the latest treatments. Of course, the research enterprise needs to be appropriately scaled as we create true international excellence in focused areas. We will look carefully at exciting opportunities in forefront areas such as high dimensional biology, imaging science, structural biology, and next-generation biologics.

**Q: You made a connection between “flexibility” and being creative. Could you be more specific?**

**A:** I share President Barchi’s passion for building bridges to other institutions. I believe the complexities and economics of medicine almost demand collaboration today. As an example, research core facilities have become increasingly reliant on large, expensive instrumentation with ever shorter obsolescence cycles. Why not partner to create “virtual cores” that bridge consortia of regional academic medical centers? The same could hold for high-end clinical diagnostics. By seeking out the right kinds of alliances, in a flexible way, Jefferson could leverage its strengths and elevate its profile.

**Q: Personally, what does this job mean for you?**

**A:** I’m really pleased to be able to stay in Philadelphia and continue to give to the Philadelphia community. For me, the prospect of contributing significantly to two major medical centers in the same city is an enticing one – a legacy that I would relish. My entire family – my wife, Judy, and my four grown children – love Philadelphia. My three daughters are all in town at the moment. My son is studying at Yale.



## A New Challenge for Dr. Vergare

**Michael J. Vergare, MD**, served as interim dean from December 2007 through November 2008. When he left the dean’s office, he retained the title of senior vice president for academic affairs for the university, but the job took on additional responsibilities. Vergare, a renowned expert in geriatric and administrative psychiatry, also remains the Daniel Lieberman Professor and Chair of the Department of Psychiatry and Human Behavior.

**Q: Why does Jefferson need a full-time senior VP for academic affairs?**

**A:** Because of our terrific growth to a student body of 3,200. We have more than 1,000 med students and the School of Nursing has more than 900 nursing students. Future growth will include the School of Pharmacy and the School of Population Health.

**Q: What does the position entail?**

**A:** I oversee the Academic Council of Deans and provide oversight for academic programming, faculty affairs and student affairs. I also will coordinate our academic affiliations with other regional institutions.

**Q: What aspect of the position excites you?**

**A:** I’m excited about all aspects but I’m particularly excited about overseeing our growing emphasis on interprofessional education. This includes the Clinical Skills Center and the Jefferson Center for Interprofessional Education, but we’ll also look at each school’s curriculum for opportunities to bring students of different disciplines together to train and work. We want to create opportunities for our students to interact in a way that makes them better clinicians, to learn from each other.

**Q: What did you like most about being interim dean?**

**A:** It was a wonderful opportunity to experience the whole breadth of the Medical College, to become a partner with people in a new way. What I really liked the most is knowing that we could make a difference in the education of our students and in the care our patients receive. In a broader sense, I will get to continue that in my new role.

**Q: Was there anything unexpected about the interim job?**

**A:** One of the nicest parts of this experience was the amount of support I felt universally across the campus in keeping Jeff moving ahead.

**Q: What advice do you have for the new dean?**

**A:** Don’t let all the administrative headaches distract you from Jefferson’s core mission – education. Jefferson Medical College is all about creating the next generation of physicians. It remains as exciting today as it was in 1824. That’s what sustained me and what will sustain our new dean. All the other things will fall into place.



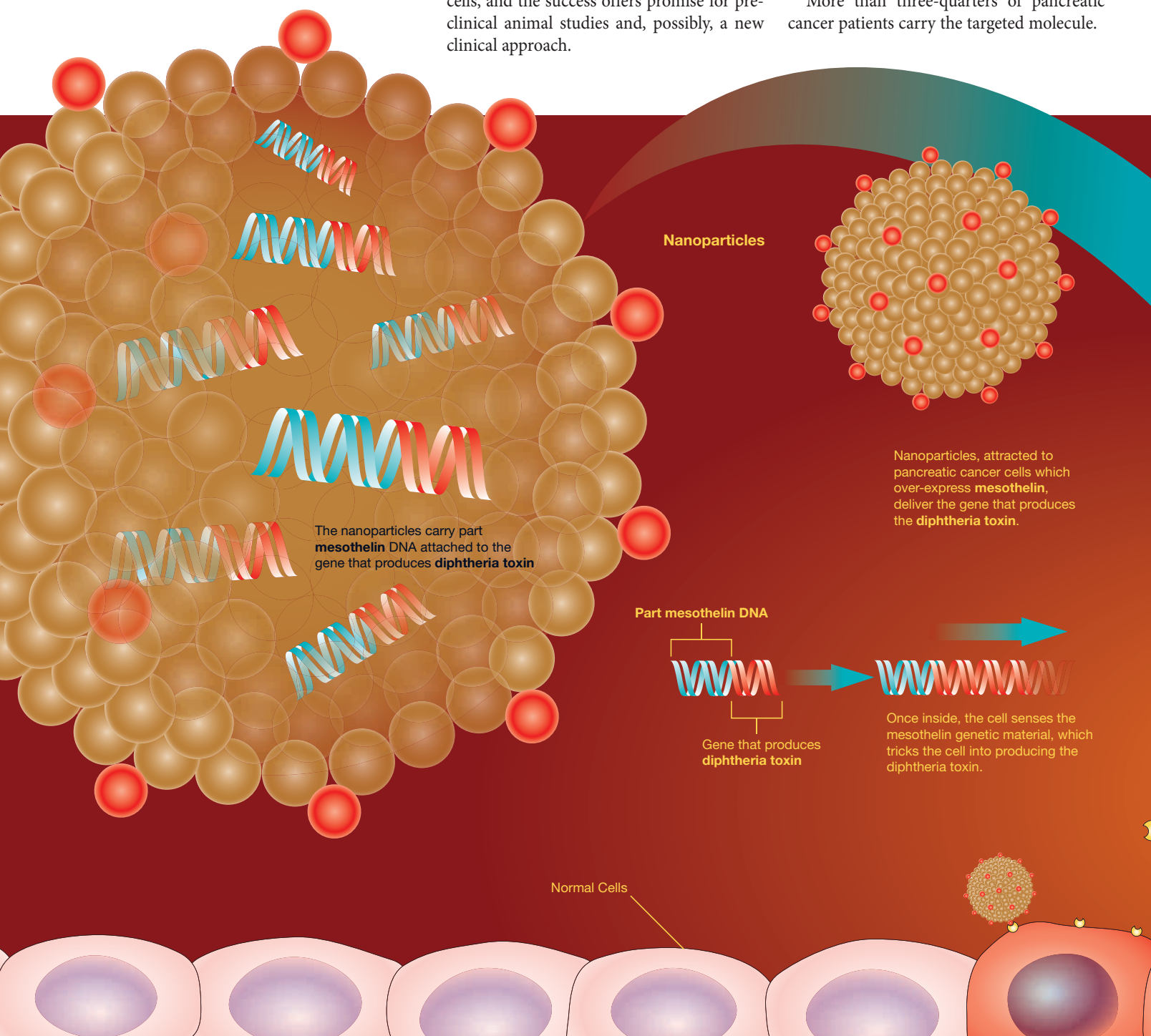
# Findings

## Researchers Use Toxin Gene to 'Kill' Cancer Cells

A research team led by investigators at Jefferson Medical College and the Kimmel Cancer Center at Jefferson achieved a substantial "kill" of pancreatic cancer cells by using nanoparticles to deliver a deadly diphtheria toxin gene. The findings – published in the October issue of *Cancer Biology & Therapy* – reflect the first time this unique strategy has been tested in pancreatic cancer cells, and the success offers promise for pre-clinical animal studies and, possibly, a new clinical approach.

The researchers found that delivery of a diphtheria toxin gene inhibited a basic function of pancreatic tumor cells by more than 95 percent, resulting in significant death of cancer cells six days after a single treatment. The investigators also demonstrated that the treatment targets only diseased cells, leaving normal cells alone to potentially provide a "therapeutic window."

More than three-quarters of pancreatic cancer patients carry the targeted molecule.





“For the pancreatic cancer world, this is very exciting,” says the study’s lead author, molecular biologist Jonathan Brody, PhD, an assistant professor in the Department of Surgery who works closely with the Samuel D. Gross professor and chairman, Charles J. Yeo, MD. “There are no effective targeted treatments for pancreatic cancer, aside from surgery, for which only a minority of patients qualify. We are in great need of translating the plethora of molecular information we know about this disease to novel therapeutic ideas.”

Pancreatic cancer is the fourth leading cause of cancer-related deaths in the United States, reflecting the generally short survival time of patients – often less than a year from diagnosis.

This approach was originally developed in ovarian cancer cells by study co-author Janet Sawicki, PhD, a member of the Kimmel Cancer Center and professor at the Lankenau Institute for Medical Research in Wynnewood, Pa. She and her group recently saw the size of ovarian tumors reduce after treatment with diphtheria toxin nanoparticles.

Investigators extended the approach because both ovarian and pancreatic cancer cells significantly over-express mesothelin, a mysterious protein found on the cell membranes of a majority of pancreatic and ovarian cancer tumors. Other solid tumors also express mesothelin, but not at such a high rate.

“We don’t know completely why cancer cells repeatedly turn on mesothelin genes to produce these membrane proteins, but it gives us a way to fool the cell and hijack its machinery, to trick it into making other more potent genes that will be detrimental to the cancer cells,” Brody says.

The researchers devised an agent that consists of a bit of mesothelin DNA connected to the gene that produces the toxin from diphtheria, a highly contagious and potentially deadly bacteria, which is now controlled through childhood DPT vaccination. “Naked” DNA is then coated in a polymer to form nanoparticles that are taken up by the cancer cells.

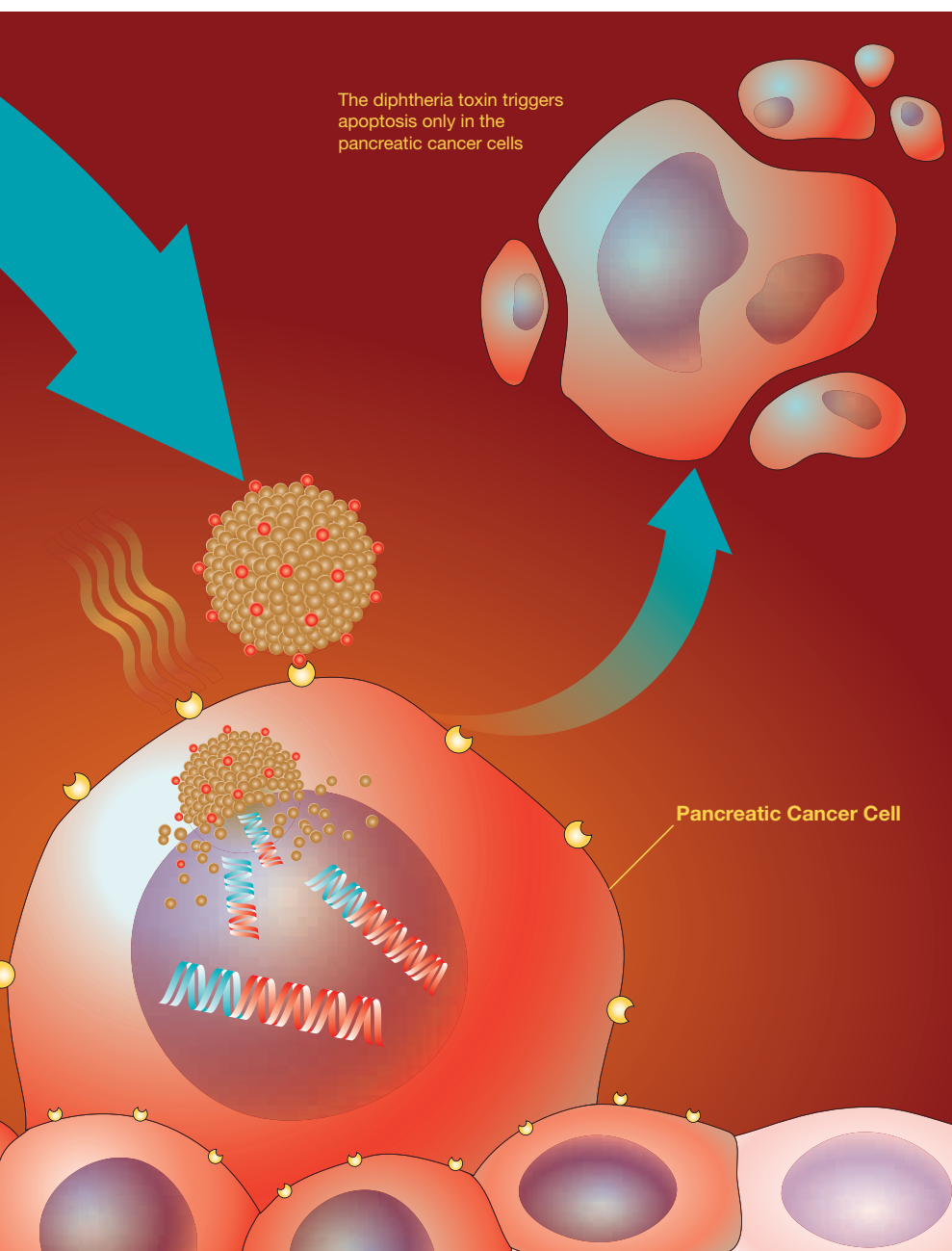
Inside the cells the agent performs its trickery. The nanoparticles biodegrade and the cell machinery senses mesothelin genetic material. It activates the diphtheria gene, which then turns on production of the toxin, Brody says. Within 24 hours of delivery, the toxin disrupts production of the protein machinery by more than 95 percent, and within six days, a number of cancer cells die or are arrested.

“The cancer thinks it is turning on mesothelin, and once it gets started reading that genetic code it can’t stop,” he says. “So it will read the bacteria’s DNA and produce the toxin, which shuts down protein production in the cancer cells.

“It worked well in our cell culture models and now we are moving into pre-clinical experiments,” Brody says.

The agent will not attack normal cells because they lack the molecular machinery needed to turn on mesothelin, Brody says. Additionally, Sawicki has modified the diphtheria DNA to ensure that healthy, normal cells do not take up any toxin released from dying cancer cells.

“We can’t help being hopeful,” he says. “Our findings suggest that such a strategy will work in the clinical setting against the majority of pancreatic tumors.”



## Restrictions, Hospitalists, PAs: Dramatic Changes in Education

When third-year resident Renata Burigatto works surgery, she reports to Jefferson Hospital at 5:30 a.m. She helps prep up to 35 people, then spends the next 10, 11 hours on her feet, going in and out of the OR. Follow-up takes hours longer. As 9:30 a.m. rolls around again, she hands her patients to another resident to comply with work-hour restrictions in place since 2003.

“To sign a case out to another physician is difficult,” said Burigatto, who specializes in family medicine. “But on the other hand, you’re exhausted, and to continue to take care of patients probably would do more harm than good.”

The days of residents virtually living in the hospital ended at Jefferson in 2003, when the Accreditation Council for Graduate Medical Education cut the workweek from more than 120 hours to a maximum of 88, with shifts to last no more than 30 hours. The Institute of Medicine (IOM) recommended even stricter rules in December for the accreditation council to consider.

In just the past decade, the restrictions, the increased acuity of hospital cases and the need for efficiency have greatly changed the educational experiences as well as the roles of many healthcare professionals, contributing to the importance of hospitalists, intensivists, physician assistants and nurse practitioners. While physicians who underwent the grueling 120-hour weeks might scoff, David L. Paskin, MD, senior associate dean, academic affairs/undergraduate medical education, believes the changes benefit not only the students and residents but also the patients.

“When we make all the adjustments, when we finish changing the paradigm, we will be way ahead of where we were 10 years ago,” he said.

### The Danger of Fatigue

The work-hour restrictions followed the death of an 18-year-old that officials partially blamed on a lack of sleep by residents. No one can dispute the effect of fatigue. A Harvard University study published in 2004 showed that interns made 36 percent more serious medical errors when working 80 hours a week with 24 hours on call compared with 63 hours a week and 16 hours on call. Another showed that working 24 hours straight doubled the likelihood of interns having a car accident. In a third, published in 2005, residents who worked a month of 90-hour weeks and then took a test after a night of duty reacted as if they had just downed three or four alcoholic drinks.







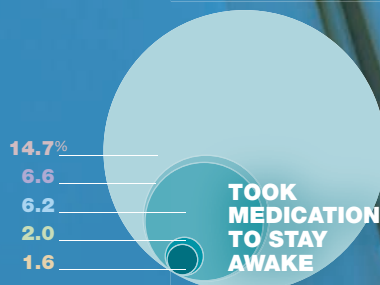
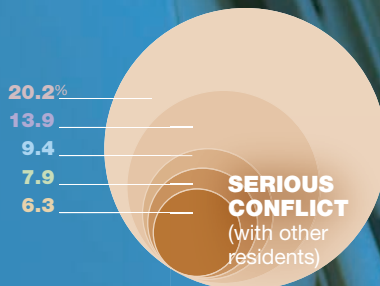
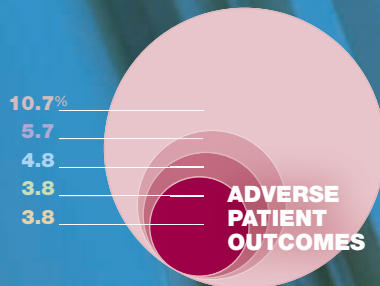
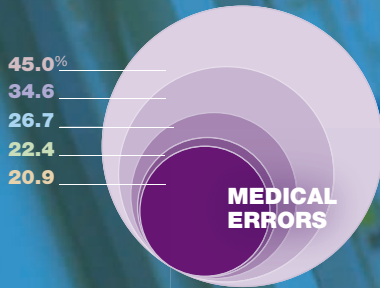
Residents Rishi B. Dave, MD,  
Daniel M. Relles, MD, and  
Renata Burigatto, MD

# HOUR WORKWEEK



## National study shows effects of sleep deprivation in first and second year residents

AVERAGE DAILY HOURS OF SLEEP  
<4 4-5 5-6 6-7 >7



Baldwin Jr DC; Daugherty SR. Sleep deprivation and fatigue in residency training: results of a national survey of first- and second-year residents. *SLEEP* 2004; 27(2): 217-23.





In an effort to address fatigue, the new rules restrict most students and residents to 80-hour weeks (surgical rotations often extend to 88) averaged over four weeks. Shifts last no more than 30 hours, with the last six primarily reserved for transitional and educational activities, not caring for new patients, and internal moonlighting counts against the time.

The residents' involvement in patient care has changed primarily in three ways, according to Paskin: For four nights each month residents work the "night float," a 12-hour shift that generally begins at 6 p.m. and ends at 6 a.m.; instead of seeing a case through, residents pass patients to the next shift; and to help make the transitions smoother, residents often work in teams.

The night hours mean residents miss grand rounds, conferences and lectures. But the pros outweigh the cons, according to John Caruso, MD, assistant dean of graduate medical education. "It's really the only way we can get resident coverage of patients and adhere to the rules; without it, residents would lose educational exposure to patients," he said.

Handing patients to another physician presents emotional problems for residents, as Burigatto noted, (and, according to the Institute of Medicine, creates health problems for the patient as well at some institutions). "I'm not saying it's worse, but the whole gestalt has been lost," Paskin said. "It's not only a work habit change but a cultural change."

Nick Tarola, Jefferson's administrative chief resident in surgery, spent his last two years in medical school under the old system. Although he occasionally regrets being unable to follow through on a patient's care, he holds no resentment about the restrictions. "I think the work hours before were ludicrous, and I'm not sure whether I or some of my colleagues would have stayed six years working 140-hour weeks. It gets to be overwhelming."

### Creative Answers

For decades, residencies included little more than on-the-job training, with many programs resembling "sweat shops," Paskin said. The restrictions forced Jefferson's faculty to think creatively to restructure residencies into major educational experiences; now lectures and conferences play important roles in supplementing practical experience, he said.

"Residents gain a little less practical knowledge, but that doesn't mean their education suffers," Paskin said. "At some point, seeing one more appendectomy doesn't really add to a resident's training; you reach the point of diminishing returns."

Tarola, now in his sixth and final year of residency, believes the work rules have partially shifted responsibility to the residents for their own education. "Your time here is what you make of it," he said.

**"It's not only a work habit change but a cultural change."**

—David L. Paskin, MD





**Above Left:** Reetika Kumar, MD, hospitalist; James Davis, MD, instructor of medicine and medical director, Department of Case Management; and Geno Merli, MD '75, chief medical officer, Thomas Jefferson University Hospitals.

“You can seek out opportunities to make you feel more comfortable when you think you need more experience. You can always find someone to help; that goes without saying.”

Burigatto noted that the 120-hour weeks included down time, allowing residents to read, research and even sleep at the hospital. “Our time at the hospital is focused,” she said. “After our 80-hour week, we’re expected to better ourselves on our own time. I volunteer at a clinic, read journal articles or work on research papers after I leave the hospital.”

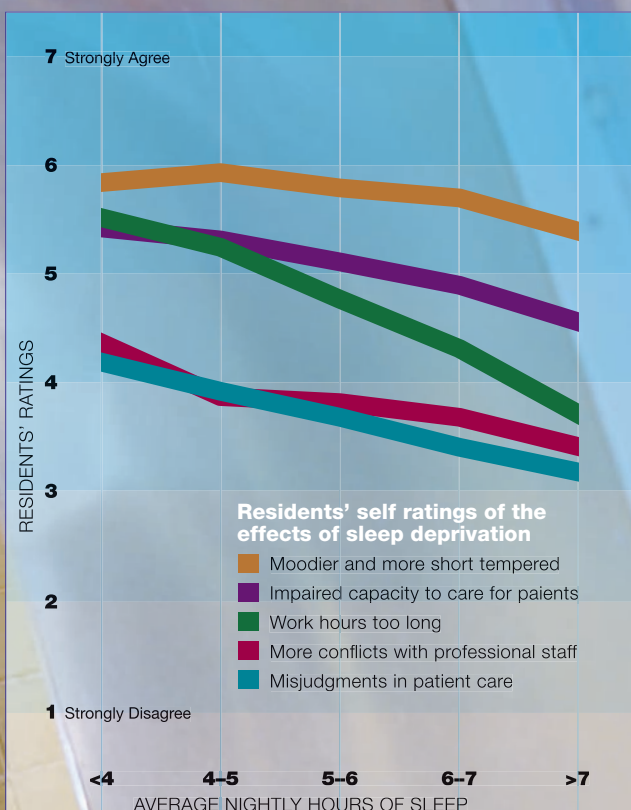
The lectures and conferences that now supplement the practical add a dimension missing from the medical education of years past, Paskin said. “In the old days, if your chairman did a procedure in a particular way, that was it,” he said. “Now, through the lectures and conferences, you’re exposed to a large knowledge base that teaches you how to weigh evidence in scientific ways.”

## The Emergence of Hospitalists

In the years leading up to the restrictions, academic medical centers found themselves struggling with complementary issues: efficiency and patient safety. In 1995, Robert M. Wachter, MD, at the University of California-San Francisco, addressed the challenges by developing the concept of “hospitalist,” a board certified physician, most frequently an internist, who cares only for hospitalized patients. He met staunch resistance from physicians unwilling to turn their patients over to another physician, and Geno Merli counted himself among the opponents.

Five years later, working with Robert Rosenwasser, MD, Merli became a convert and started the hospitalist-neurosurgery service at the Jefferson Hospital for Neurosciences. The hospitalist program has expanded, with the support of Arthur Feldman, MD, and the hospital, to provide inpatient care at the Center City and Methodist campuses.





**"Your time here is what you make of it."**

—Nick Tarola, MD'03  
6th Year Resident

**The Bulletin invites your views on work-hour restrictions for residents. Send your comments to: Editor, Jefferson Alumni Bulletin, c/o Jefferson Foundation, 925 Chestnut Street, Suite 110, Philadelphia, PA 19107**

"We had serious issues with meeting the benchmarks the University Hospital Consortium set for the length of hospital stays," said Merli, now chief medical officer at Jefferson. "And why? We had the most inexperienced people in charge, the residents. We needed to develop attending-directed care seven days a week."

The benefit to patients is undeniable. Today, acutely ill patients fill the hospital beds and require not only evidence-based assessment and management but also timely, efficient care during their hospitalization. This is a strong argument for hospitalists dedicated to inpatient care. "To make a generalized statement, residents are here for training," Paskin said. "To have fully trained people all the time is wonderful. To maintain quality care, you need a high level of training."

Unlike the traditional attending model, hospitalists are always available during the day to provide not only patient care but also education and training for house officers and medical students.

**"[Hospitalists'] role is to be coaches in helping these young house officers develop essential skills."**

—Geno Merli, MD'75  
Chief Medical Officer  
Thomas Jefferson University Hospitals

Hospitalists also are experienced in acute and palliative care and well versed in the nuances of having crucial conversations with patients and their families. "Their role is to be coaches in helping these young house officers and medical students develop these essential clinical skills," Merli said.

As the hospitalist movement gained momentum, administrators also began appreciating the efficiency of physician assistants and nurse practitioners, highly trained healthcare professionals known collectively as "physician extenders." Their roles took on additional importance with the work-hour restrictions, Paskin said. At Jefferson, physician extenders now take routine histories, conduct physicals and even assist in routine surgeries, freeing residents for more educational pursuits.

Merli and Paskin emphasized that hospitalists and physician extenders represent additional levels of care, not a replacement for residents at Jefferson. "We're not trying to replace one item with another item," Paskin said. "Everyone on the team has a role and a place. ... We're trying to keep both the patients and the healthcare providers safe and healthy."

Although the movements started long before the restrictions went into force, hospitalists and physician extenders will play an increasingly important role because of the rules, Merli said. Starting this coming July, residents will be restricted to 14 patients on a service. Jefferson Hospitals will begin developing 24/7 hospitalist service within the next year, Merli said.

Merli and Paskin expect more restrictions in the future. "The house staff role will be defined hours and a defined number of patients, and the hospitalists will take care of the others," Merli said. "The efficient, effective and safe care of patients is our goal."

### New Proposal on Restrictions

Have the restrictions increased patient safety? No one knows for sure because no large-scale, evidenced-based study has been conducted, though a seven-year study at Harbor-UCLA Medical Center that straddled the two eras showed no increase in morbidity and mortality rates despite a 30 percent increase in patients.

## Resident Duty Hours: Enhancing Sleep, Supervision, and Safety

Comparison of Institute of Medicine adjustments to current Accreditation Council for Graduate Medical Education duty hour limits

	2003 ACGME Duty Hour Limits	IOM Recommendation
<b>Maximum Hours of Work per Week</b>	80 hours, averaged over 4 weeks	No change
<b>Maximum Shift Length</b>	30 hours (admitting patients up to 24 hours then 6 additional hours for transitional and educational activities)	<ul style="list-style-type: none"> <li>• 30 hours (admitting patients for up to 16 hours, plus 5-hour protected sleep period between 10 p.m. and 8 a.m. with the remaining hours for transition and educational activities)</li> <li>• 16 hours with no protected sleep period</li> </ul>
<b>Maximum In-Hospital On-Call Frequency</b>	Every third night, on average	Every third night, no averaging
<b>Minimum Time Off Between Scheduled Shifts</b>	10 hours after shift length	<ul style="list-style-type: none"> <li>• 10 hours after day shift</li> <li>• 12 hours after night shift</li> <li>• 14 hours after any extended duty period of 30 hours and not return until 6 a.m. of next day</li> </ul>
<b>Maximum Frequency of In-Hospital Night Shifts</b>	Not addressed	4 night maximum; 48 hours off after 3 or 4 nights of consecutive duty
<b>Mandatory Time Off Duty</b>	<ul style="list-style-type: none"> <li>• 4 days off per month</li> <li>• 1 day (24 hours) off per week, averaged over 4 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• 5 days off per month</li> <li>• 1 day (24 hours) off per week, no averaging</li> <li>• One 48-hour period off per month</li> </ul>
<b>Moonlighting</b>	Internal moonlighting is counted against 80-hour weekly limit	<ul style="list-style-type: none"> <li>• Internal and external moonlighting is counted against 80-hour weekly limit</li> <li>• All other duty hour limits apply to moonlighting in combination with scheduled work</li> </ul>
<b>Limit on Hours for Exceptions</b>	88 hours for select programs with a sound educational rationale	No change
<b>Emergency Room Limits</b>	12-hour shift limit, at least an equivalent period of time off between shifts; 60-hour workweek with additional 12 hours for education	No change

*Used by permission of the Institute of Medicine of the National Academies*

Studies show the restrictions have increased residents' well-being but have not eradicated fatigue. According to a 2005 survey by the American Medical Association, 50 percent of residents and 45 percent of medical students believe fatigue has hurt the quality of patient care they deliver, and 29 percent of residents and 26 percent of medical students believe that sleep deprivation or fatigue has put them in physical danger.

Based on this evidence, the Institute of Medicine conducted weeks of hearings in 2008. In a report issued in December, the IOM noted that a 30-hour shift offers nothing to guard against fatigue, saying, "Any adjustments to duty hours should focus on ensuring regular opportunities for sleep ... rather than focus on simply reducing total duty hours."

Though recommending no change in the total hours, the IOM went on to suggest dividing a 30-hour shift far more restrictively, reserving 16 instead of 24 hours for patient care, five for sleep and nine for transition and educational activities. The minimum time off would increase by four hours after 30-hour shifts, and days off would increase from four to five a month.

The IOM also called for:

- Enhanced supervision;
- Appropriate workload; and
- Clear and effective handovers of patient care.

The IOM concluded: "Until these changes take place, residency programs are not providing what the next generation of doctors or their patients deserve."

The IOM conceded that the recommendations would cost academic medical centers \$1.7 billion in salaries for additional staff.

The Accreditation Council for Graduate Medical Education will consider the recommendations in the coming months. Paskin, noting that a lack of scientific data exists, expressed hope that the council will look at medical education in its entirety.

"We need to consider patient safety, improving outcomes, improving training and meeting the needs of the world's medical care issues for the next four decades," he said. "We have a medical workforce shortage in all areas, and we haven't really increased the number of medical residents in the United States.

"We need to come up with ways for all of this to work." ■

# Scholarship Dinner Brings Students, Donors Together

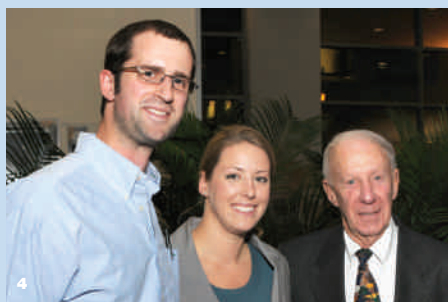
Scholarship recipients met their benefactors during a dinner that drew more than 123 people to the Hamilton Building's candlelit atrium November 12. Students used the evening to express their appreciation as University President Robert L. Barchi, MD, PhD, underscored the university's need for scholarship funds.

A special recognition went to Amy Liss, whose late husband, Henry, graduated from JMC in 1948. The couple established the Dr. Henry Liss Scholarship Fund in 1991; it has helped more than 50 students in the years since.

About \$5.5 million in donor-financed scholarships and loans go to 525 Jefferson students each year. As Barchi noted, healthcare students face staggering debt: The cost of tuition, room, board, books and other expenses totals about \$63,000 annually, while the annual institutional award for JMC students totals \$8,700. The average student leaves JMC more than \$170,000 in debt.

"Scholarships help us recruit and retain the nation's brightest students, who will help shape the future of patient care," Barchi said.

Another scholarship dinner is planned for November 18, 2009.



**1** TJU President Robert Barchi and Amy Liss, who started a scholarship fund in 1991 with her husband, Henry, a 1948 JMC graduate.

**2** Deborah Hoellein, MD'78, with her father, Erich Everts, MD'50, and Irbert Vega, the Everts Scholar. The Everts Scholarship Fund provides aid to students from Puerto Rico.

**3** George Willauer Jr., who traveled from Connecticut for the dinner, and Jimmy Chen, the Mary C. and George J. Willauer Scholar.



**4** Albert H. Wilkinson, Jr., MD, (right) supports the Edward H. McGehee, MD, Scholarship and Mark Alan Seeley (left) is the 2008–2009 McGehee scholar. They were greeted by Jennifer Welsh, (center) a member of the Jefferson Foundation staff.

**5** A gift from the Stratton Foundation in 2004 established the Paul C. Brucker Scholarship Fund, which is named in honor of the former Jefferson University president. This scholarship is awarded to students in the Penn State/Jefferson accelerated program. Current scholars joined Paul Brucker, MD, for dinner (left to right) Akshya Gupta, Isabella Chen and Adnan Bashir.



**6** Fredric Matlin, MD'81, and his family established the Celia Goldberg Scholarship Fund in 1977 in memory of his grandmother, Celia Goldberg, to provide aid to third- or fourth-year medical students with an interest in the field of endocrinology. Dr. Matlin, along with his sister Robin Matlin, Esq., and daughter Hollie Matlin, a senior at Wesleyan University, had the opportunity to meet the Celia Goldberg Fund Scholars. Pictured left to right are: Robin Matlin, Kavita Shah, Andrea Hunt, Fredric Matlin and Hollie Matlin.





## Breaking Ground with Team-Based Education

Eight days after collapsing, 64-year-old Mel Voight lies unresponsive in a hospital bed, a ventilator and feeding tube keeping him alive. His wife, confused and frightened, has been unable to get answers and finally requests a meeting with Dr. Blue. “When is my husband going to wake up?” Margaret Voight asks in a trembling voice. Dr. Blue looks at her coldly. “He’s not going to wake up,” he says. “He has permanent brain damage. His mind ... it’s not really there.”

Mrs. Voight begins to cry quietly, pleading with the doctor to “do something.” “Let’s be realistic here, Maggie,” Dr. Blue says. “Let’s try to look at this from a non-emotional sense.”

Thankfully, Dr. Blue exists only on film, the heartless brainchild of Donna Williams, MD, and Drs. Katherine and Dale Berg, co-directors of the University Clinical Skills and Simulation Center. The Voights’ saga forms the backbone of “The Team Approach to End of Life Issues,” a groundbreaking course that teaches the fine art of addressing end-of-life issues while also showing interns, nurses and therapists the value of teamwork.

The video comes in three sections: Dr. Blue breaking the news to Mrs. Voight; a physical therapist receiving the brunt of Mrs. Voight’s reaction (anger, sadness and joy in three separate clips); and Maggie Voight and her daughter struggling two months later to comprehend the situation.

At the beginning of the fall semester, internal medicine interns watched the first segment, students studying physical and occupational therapy the second, and students concentrating on nursing and couple and family therapy watched both. In separate classes, they discussed end-of-life issues as they pertain to their own disciplines. They all came together in December for a four-hour symposium that included watching the third installment and breaking into small groups with representatives of each discipline to discuss strategies for a family meeting with the Voights.

“No one else is doing anything like this,” Dale Berg said. “In the old model of team-based learning, you just throw everyone together and expect them to swim with the sharks. They don’t come with any skills, and they all fail. Here, we’ve taught them the basic strokes; they can keep their heads above water to help each other and the patient.”

### Need for End-Of-Life Course

Williams, a hospitalist and the assistant program director for internal medicine, faced the difficult task of explaining end-of-life options to a family one day about a year ago while on rounds. After talking with the family and stepping into the hall, she began dissecting the encounter with her interns. Virtually all expressed amazement about this “post-family-meeting” discussion, a step she considered

**Above:** Donna Williams, MD, designed the course to help interns struggling with end-of-life issues.

second nature. She turned to the Bergs for help in devising a program that would make students and interns more comfortable with end-of-life discussions and more comforting to patients and their families.

Dr. Blue was born.

Word spread about the innovative video the Bergs and Williams developed. E. Adel Herge, MS, OTR/L, suggested working occupational therapists into the program, and leaders from physical therapy, nursing and couples and family therapy also expressed interest. Brainstorming, they came up with the three-part Voight saga and the outline for a course allowing students to focus on their own disciplines while also gaining understanding and respect of others.

### State-of-the-Art Skills Center

The unique approach to team education is but one of many innovations at Jefferson since the October 2007 opening of the 135,000-square-foot Dorrance H. Hamilton Building, home to the Dr. and Mrs. Robert D. Rector Clinical Skills Center and the William Maul Measey Simulation Suite. The center features surgical suites, a laparoscopic training room, critical care areas, a med-surg ward, mock apartments and an acute care ward. Sim-Man (who starred as Mr. Voight in the video), Harvey and a pregnant Noelle each have their own room. In more than a dozen exam rooms,

130 standardized patients known as the “Jeff Players” present symptoms that can result in any one of 86 diagnoses. Video cameras capture it all, giving faculty members and students an invaluable tool in reviewing procedures.

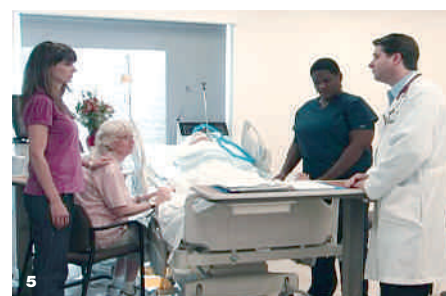
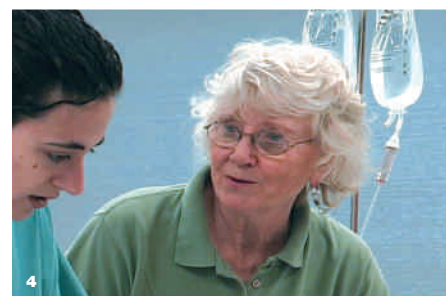
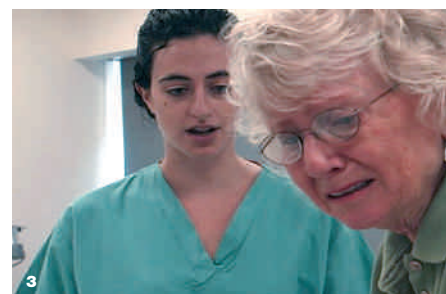
“In just 15 years, a sea change has occurred in health care,” Dale Berg said. “Many patients are discharged rapidly. Those who stay are much, much sicker and need treatment from the most experienced physicians.”

“The day of ‘see one, do one, teach one’ is long over,” Katherine Berg said.

The acuity of many hospital cases means students can get lost in the mix. “Simulation is a way for the faculty to retake the leadership and inspiration of teaching,” Dale Berg said. “The faculty members can teach the basics and then concentrate on nuances at the bedside.”

The center has won international acclaim, and the Bergs emphatically give the faculty – not the technology – the credit. “The heart of these programs is the people,” Dale Berg said. They insist that organizations with limited budgets should develop their standardized-patient program first to teach students the crucial aspects of clinical care.

The video has three sections: Dr. Blue breaking the news to Mrs. Voight [1]; a physical therapist receiving the brunt of Mrs. Voight’s reaction (anger [2], sadness [3] and joy [4] in three separate clips); and Maggie Voight and her daughter struggling two months later to comprehend the situation [5].





“In just 15 years, a sea change has occurred in health care.” — Dale Berg, MD



“Then you can add the plastic” Dale Berg said. “The other way around, you become victim to the siren’s song, you become intoxicated into believing equipment alone will make people better doctors.”

Most classes at Jefferson regardless of discipline include a simulation component, and some exercises include students from different fields. Simulation sessions extend to interns and residents, and special sections focus on making faculty members better teachers.

For medical students, the center has developed 47 programs. A first-year student spends at least 50 hours at the center, primarily focusing on anatomy and history. In year two, students spend at least 69 hours there with the emphasis on physical exams. Students in their third and fourth years spend at least 100 hours annually at the center learning bedside clinical skills, advanced history taking and advanced techniques of physical examination.

### Bringing It all Together

Cut to two months later and a long-term care center, where Mr. Voight lies unchanged. As Maggie Voight and her grown daughter try to sort through complicated insurance papers, the staff physicians calmly asks the therapist if the surgeons have examined Mr. Voight’s decubitus ulcer. “Surgeons?” the daughter asks in anger. “Why are surgeons coming in? ... Look at him. He’s gone, and Mom is here every waking minute with him, so now my sons have not only lost their granddad but their nana as well. What’s the point?”

The scene, viewed by 200-plus people in the Connelly Auditorium of the Hamilton Building Dec. 12, set the stage for the teamwork facet of “The Team Approach to End of Life Issues” – small breakout sessions where students of different disciplines would discuss the best way to conduct a family meeting with Mrs. Voight and her daughter.

Before the sessions, Williams reviewed the SPIKES Protocol, first laid out by Walter F. Baile, et al., eight years ago in *The Oncologist*: establishing an appropriate setting; checking the patient’s perception; determining the amount of information known, wanted and to be transferred; knowing the medical facts beforehand; exploring the emotions raised during the interview; and establishing a strategy for support.

Each breakout group included an intern and students in nursing, family and couples therapy, physical therapy and occupational therapy plus a moderator. Many groups also included a social work student and a deacon from St. Charles Borromeo Seminary. In the room with Herge serving as a moderator, students started by discussing their own professional experiences with end-of-life issues and the wisdom of the SPIKES Protocol. Eventually, when the conversation turned to the Voights, intern Michele Gardecki uttered the words that the Bergs and Williams had hoped to hear: “The person who knows the family best should lead the meeting, whether it’s the doctor, a nurse or a therapist. And usually it isn’t the doctor.”

Returning to the auditorium, students saw the actresses who played Mrs. Voight and her daughter on stage with Williams; Barbara Reville, CRNP, who works in palliative care; and Marcia Levinson, PhD, MFT, of physical therapy. With compassion and empathy, the three healthcare professionals staged a “family meeting,” guiding the Voights to the difficult decision of ending life support for their beloved husband and father. Reville led much of the conversation.

Days later, John Menzano, a BSN student in his third year, said he considered the symposium immensely helpful. “It’s so hard to train for that situation,” he said. “You’re going to be in a lot of those situations, and it’s not something you can teach through a book. To see actual professionals is always good.” ■

1 Hundreds of students filled the Connelly Auditorium for the symposium Communication Skills in Family-Centered Care: What Do You Bring to the Table?

2 Susan Parks, MD, medical director of the Palliative Care Services, discusses the nuances of family meetings.

3 John Menzano, a BSN student in his third year, listens to a colleague’s point about palliative care.

4 Intern Michele Gardecki concludes that the best person to lead the difficult discussion about palliative care might be a patient’s nurse, not the doctor.

5 Marcia Levinson, PhD, MFT; Donna Williams, MD; and Barbara Reville, CRNP, assistant director, Palliative Care Service, conduct a mock family meeting with the actresses who played Mrs. Voight and her daughter in the video, Kathleen Kilkenny and Alana Gerlach.





# Charitable Gift

## ANNUITY PROGRAM

At Jefferson a charitable gift annuity can provide you with payments for life, while supporting the mission of Thomas Jefferson University and Hospitals.

The income from a charitable gift annuity is fixed at the time of the gift, and will not vary over your lifetime. With the volatility of the economy and interest rates, this type of gift assures you of an annual income that will not change.

*Jefferson Foundation recommends that you consult with your financial advisor on the best way to take advantage of this giving opportunity.*

For more information,  
please contact Jennifer Welsh  
at the Jefferson Foundation  
at **1-877-JEFF-GIFT** (toll free)  
or **215-955-9446** (local).

# OnCampus



Gomella



Fisher



Rosato



Tester



Peiper



Jimenez

## People

### Gomella Becomes Clinical Director at Kimmel Center

The Jefferson Kimmel Cancer Center Network has appointed Leonard Gomella, MD, FACS, clinical director. Three other physicians also took on new leadership roles as associate clinical directors: Scot Fisher, DO; Ernest "Gary" Rosato, MD, FACS; and William Tester, MD, FACP.

"Serving as clinical director gives me the opportunity work to strengthen the relationship among the members of the network," Gomella said. "This relationship is critical as we strive to meet our most important goal of providing our patients with the highest standards of cancer care. With the appointment of the associate clinical directors, we now have a strong multidisciplinary core leadership team to oversee the network's strategic planning process with our affiliates and to enhance the network's success."

Gomella, who served as interim director for nine months, is the Bernard W. Godwin Professor of Prostate Cancer and Chair of the department of urology. A well-respected expert in urologic oncology and clinical trial development, Gomella also serves as associate director for the Kimmel Cancer Center.

Fisher is director of satellite facilities in the department of radiation oncology at Jefferson and director of the department of radiation oncology at Frankford Hospitals. Rosato is the Francis E. Rosato Endowed Chair in Surgery and the director of the division of general surgery. Tester is the chairman of the division of hematology/oncology at Jefferson and the director of the Cancer Center at Albert Einstein Medical Center.

### New Chairman Appointed for Pathology

Stephen C. Peiper, MD, has been appointed chairman of the Department of Pathology, Anatomy and Cell Biology and named the Peter A. Herbut Professor of Pathology, Anatomy and Cell Biology.

Peiper comes to Jefferson from the Medical College of Georgia, where he was chairman of the department of pathology in the School of Medicine and the Edgar R. Pund Distinguished Professor of Pathology. He served as the inaugural senior associate dean for translational research. He also was a member of the executive board of the Georgia Center for Oncology Research and Education, which developed a statewide clinical trials network, and the founder of the Biorepository Alliance of Georgia for Oncology, which established a statewide tumor bank.

In 1989, Peiper received the Benjamin Castleman Award from the U.S./Canadian Academy of Pathology. In 2007, he received the Distinguished Scientist Award from the Clinical Ligand Assay Society.

He has written more than 140 peer-reviewed publications and more than 30 book chapters and symposia. He has served as a member of the Food and Drug Administration panel for immunological devices and has chaired study sections for the American Cancer Society, the National Institutes of Health and the U.S. Department of Veterans Affairs. He has also served as section editor for multiple journals in his field, including the *Journal of Immunology*, and as a reviewer for *Nature Medicine*, *The Journal of Experimental Medicine* and *Cancer Research*.

### Jimenez Receives 'Master' Designation

Sergio A. Jimenez, MD, co-director of the Jefferson Institute of Molecular Medicine and director of the Division of Connective Tissue Diseases, has been awarded the title of master of the American College of Rheumatology for his scholarly achievements and service to patients, students and the profession. The title of master is one of the highest honors that the college bestows, given to no more than 15 members every year. Jimenez formally received the award at the American College of Rheumatology annual meeting in San Francisco on Oct. 25.

Jimenez's research focuses on the application of biochemical, molecular biological and genetic approaches to the study of scleroderma, osteoarthritis and fibrotic disorders. His key contributions include the identification of cytokine regulation of collagen gene expression and the interactions. His publications include 291 original articles in peer-reviewed journals.

### Doria Named 'Surgeon of the Year'

The Delaware Valley Chapter of the American Liver Foundation has awarded the distinction of "transplant surgeon of the year" to Cataldo Doria, MD, PhD, associate professor of surgery and director of the division of transplantation. The foundation, which recognized Doria during its annual Honors Gala, cited his service to the medical community and his commitment to his patients.

"Having this honor bestowed upon me this year is gratifying as we mark the 25th anniversary





Doria



Koprowski

of the first liver transplant in the area, which was performed here at Jefferson,” Doria said.

Doria has been instrumental in making Jefferson’s liver transplant program the fastest growing in the region with the highest patient and graft survival. He recently secured authorization to proceed with live donor liver transplantation.

### Science Park in Poland Named for Koprowski

Hilary Koprowski, MD, one of the world’s outstanding biomedical researchers over the last half-century, has been honored by his native country, Poland, with the renaming of a major science and technology park in his honor. The multimillion-dollar Gdansk Science and Technology Park, located in the north/central part of the country, was renamed the Hilary Koprowski Science and Technology Park during a ceremony Sept. 4.

“Dr. Koprowski is a world-renowned virologist and immunologist whose dedicated research has left an indelible mark on humanity,” said Richard Pestell, MD, PhD, director of the Kimmel Cancer Center at Jefferson and professor and chair at JMC. “It is befitting that a scientist of his stature has a park, dedicated to new science and technology, named after him.”

Koprowski – a professor of cancer biology at Jefferson and director of both the Center for Neurovirology and the Biotechnology Foundation Laboratories at the university – is best known for his groundbreaking work with polio and rabies vaccines and the development of monoclonal antibodies to detect cancer antigens and for use in cancer immunotherapy.



### TJU Establishes New School of Population Health

In its continuing quest to meet society’s most pressing healthcare needs, Thomas Jefferson University established the Jefferson School of Population Health in September to prepare students to confront the healthcare crisis.

David B. Nash, MD, MBA (above), chair of the Department of Health Policy at JMC and a recognized national leader in this field, will serve as the school’s founding dean. The school will open to students in the fall.

The interdisciplinary curriculum of the new school will allow medical, nursing and allied health students to take classes together to help them better understand areas of health policy, population health and healthcare quality and safety. Recent college graduates and working professionals will also benefit from the innovative curriculum. Classes will be offered both online and in a traditional classroom format.

“The establishment of this new school builds on existing Jefferson strengths in health policy and population health and provides a venue for this expertise that is recognized nationally and internationally,” said TJU President Robert L. Barchi, MD, PhD. “It reaffirms Jefferson’s position as a leading, innovative academic health center. It’s the right program at the right time.”

Through the new school, the university will continue offering a master’s degree in public health while becoming the first in the country to offer a master’s in chronic-care management and only the second to offer a degree in healthcare safety and quality. The school will offer both master’s degrees and doctorates in health policy and population health. Continuing education courses will allow healthcare providers to gain invaluable insight into today’s problems and tomorrow’s solutions, and conferences will attract healthcare leaders from throughout the world.

“It is no longer possible to prepare high-quality healthcare providers and educators without addressing these issues holistically from the perspective of population health and with the tools of health policy analysis,” said Nash, who also serves as the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy.



Pestell



Brent



Nevalainen



Halpern



Rovner



Casten

## Headlines

### A Year of Honors

Robert L. Brent, MD, PhD, FACP, received four honors in 2008 in recognition of his work in environmental effects on the developing embryo and child. Brent became the first active faculty member to receive an honorary degree from JMC in May. Two months later, he was inducted into the International Academy of Perinatal Medicine as a member of the Board of Trustees, becoming one of the few pediatricians to receive the honor. In September, he received the \$50,000 Alfred I. DuPont Award for Excellence in Children's Health Care from Nemours, where he heads up the Clinical and Environmental Laboratory, and the Distinguished Alumnus Award from the University of Rochester School of Medicine and Dentistry.

### New Tool in Prostate Research

Researchers at the Kimmel Cancer Center at Jefferson have established a laboratory cell line for prostate cancer that they believe will become a valuable research tool in both understanding and treating prostate cancer.

In the Oct. 1, 2008, issue of the journal *Clinical Cancer Research*, the researchers say these cells will provide a much needed new model system for development of diagnostics and therapeutics for prostate cancer. The new prostate cancer cell line reflects how the cancer can initially be fueled by the male hormone androgen and how the cells can then morph into hormone-resistant, aggressive tumors. Most existing cell lines do one or the other, but not both.

"Hopefully these cells will also be valuable in understanding the genetic changes that occur when prostate cancer does not respond to hormones," says the study's lead author, Marja Nevalainen, MD, PhD, associate professor of cancer biology.

Physicians often treat prostate cancer with agents that suppress androgen, because the hormone fuels cancer growth. But once androgen is gone, the cancer can find a new way to grow – and become more resistant to treatment.

The study was financed by support from the American Cancer Society, a Department of Defense Prostate Cancer Grant and a National Cancer Institute grant.

### University Joins Landmark Consortium

Jefferson joined three other notable medical and educational institutions last fall to form a landmark consortium to streamline the way bench science is translated into bedside practice.

Jefferson, Christiana Care Health System, Nemours/Alfred I. duPont Hospital for Children and the University of Delaware will pool their talents and expertise as the Delaware Valley Institute for Clinical and Translational Science.

The institute brings together the capabilities of four primary medical and educational institutions with close affiliations to three other academic institutions, 33 hospitals, more than 130 research and clinical specialty centers and 14 schools and colleges. Innovative collaborations will be established among experts in medical practice, health economics and policy, population sciences, public health and biomedical and materials sciences.

The primary goals will be to develop new therapies and programs and to improve when, how and where healthcare is delivered.

"We're using our strengths, sharing our data, involving the communities and eliminating the usual compartmentalized infrastructure to open the doors to new ideas," said TJU President Robert L. Barchi, MD, PhD. "Our education plan is a key component being jointly developed with our partners. We're training a new cadre of scientists who will understand both the clinical and translational side of medicine."

The institute hopes to attract new grants that could collectively finance greater research discoveries. "This is team science and team medicine that most certainly will have national and international implications," said Patrick T. Harker PhD, president of the University of Delaware. "What we can do together could change the practice of medicine."

## Upcoming Events

**MAY 6, 2009**  
**Jefferson Regional**  
**Reception and Dinner**  
Clarks Summit, Pa.

**JUNE 14, 2009**  
**American Medical Association**  
**House of Delegates**  
**Annual Meeting**  
Chicago, Ill.

**SEPTEMBER 25-26, 2009**  
**Alumni Weekend**  
Philadelphia, Pa.

For more information, please visit  
[www.jefferson.edu/jmc/alumni](http://www.jefferson.edu/jmc/alumni)  
and click on "events."





Iacovitti



Mintzer



Rosenwasser

## Medical Frontiers

### Reducing Radiation Exposure

A novel angled gantry approach to coronary CT angiography reduces radiation exposure to the breast by more than 50 percent, according to TJU researchers.

Ethan Halpern, MD, associate professor of radiology, presented the research at the 94th Scientific Assembly and Annual Meeting of the Radiological Society of North America.

"Radiation dose to the breast during coronary CT is especially a concern for young women as the dose may increase the risk for breast cancer," Halpern said.

Halpern and colleagues reviewed 100 consecutive coronary CT angiography images that were obtained with a 64 detector helical scanner. They evaluated sagittal images to define the position of the breasts and the gantry angulation required to perform a CT examination parallel to the long axis of the heart and to determine the reduction in breast exposure to radiation that might be accomplished by imaging the heart with an angled gantry acquisition.

"These results warrant the development of machines that can perform this technique," Halpern said.

### \$3.7 Million Grant To Study Depression

Researchers at the Farber Institute for Neurosciences at TJU and the Department of Psychiatry and Human Behavior at JMC received a \$3.7 million grant from the National Eye Institute to study depression in patients diagnosed with age-related macular degeneration.

Barry W. Rovner, MD, director of clinical Alzheimer's disease research at the Farber Institute and professor of psychiatry and neurology, and Robin Casten, PhD, associate professor of psychiatry and human behavior, will lead the study of 200 patients, who will be followed for a year to determine the effectiveness of a treatment program that combines low-vision rehabilitation and psychological intervention.

Age-related macular degeneration is the leading cause of vision loss in Americans 60 and older. In some cases, the disease advances so slowly that people notice little change in their vision. In others, it progresses faster and may lead to a loss of vision in both eyes.

"Vision loss in the elderly is extremely distressing, significantly impacts quality of life and is a risk factor for nursing home placement," said Casten. "Finding ways to help these patients maintain their independence and engagement with life is key to promoting successful aging."

### Parkinson's Transplantation

Researchers have identified a stage during dopamine neuron differentiation that may be an ideal time to collect human embryonic stem cells for transplantation to treat Parkinson's disease, according to data presented at Neuroscience 2008, the 38th annual meeting of the Society for Neuroscience.

Lorraine Iacovitti, PhD, professor and interim director of the Farber Institute for Neurosciences, and her research team found that neural progenitor cells that express the gene *Lmx1a* are committed to the midbrain dopamine neuron lineage but still retain

proliferative capacity. Because of these characteristics, the stage at which *Lmx1a* is expressed may be ideal for transplantation.

"Identifying the subset of developing dopamine neurons and selecting those cells at the stage appropriate for their transplantation has been challenging," said Iacovitti. "Our research demonstrates that we are now able to grow neurons and select the ones that may work as a therapy. This advance represents an important leap forward in the quest to devise a viable cell replacement therapy for Parkinson's disease."

The *Lmx1a*-positive cells cannot be identified solely by this transcription factor. However, Iacovitti and her team also found that a large percentage of the *Lmx1a*-positive cells express a cell surface protein called TrkB. With TrkB as a marker, dopamine neuron progenitor cells derived from human embryonic stem cells can be selected from a heterogeneous population using magnetic-activated cell sorting or fluorescence-activated cell sorting. Neither process alters the stem cell's genome. Iacovitti and her team are now testing the ability of these cells to counteract Parkinson's disease in animals.

### Junior Investigator Grant

Scott Mintzer, MD, assistant professor in the Department of Neurology and director of the Epilepsy Monitoring Unit at the Jefferson Hospital for Neuroscience, has received a junior investigator grant from the National Institutes of Health to study the harmful metabolic effects of antiepileptic seizure medications. The K23 grant, also known as the Mentored Patient-oriented Research

# How would Thomas Jefferson use an **online community?**



- **upload a photo** of his newly completed Monticello
- **share news** about his marriage to Martha Skelton
- to **change his address** after returning from France
- to **learn about upcoming events** at Jefferson

How will YOU use the online community?  
Visit [www.alumniconnections.com/olc/pub/JFDM](http://www.alumniconnections.com/olc/pub/JFDM)  
and discover the possibilities.

Career Development Award, totals \$843,000 over five years.

"It's my hope that this research into the possible cardiovascular side effects of anti-seizure medications may help doctors manage the care of patients with seizures more effectively while not adversely affecting other aspects of their overall health," Mintzer said.

## Center of Excellence

The Kimmel Cancer Center at Jefferson has been designated a Center of Excellence by the Fertile Hope organization, which recognizes cancer centers that actively address their patients' reproductive needs. Only five other Fertile Hope Centers of Excellence exist in the United States.

"Being designated a Center of Excellence by Fertile Hope demonstrates that the physicians at Kimmel Cancer Center adhere to the highest standards in informing their patients about the risks of treatment," said Richard Pestell, MD, PhD, director of the Kimmel Cancer Center.

To be designated a Fertile Hope Center of Excellence, hospitals and clinics need to demonstrate that they inform all patients about the reproductive risks associated with their treatments. They also must provide educational materials for healthcare professionals, patients and survivors, as well as make referrals to fertility specialists if appropriate.

## Milestone in Aneurysm Treatment

The neurosurgery team of the Jefferson Hospital for Neuroscience has passed a major milestone in the treatment of intracranial aneurysms. Since 1994, 4,100 intracranial aneurysms have been treated by Robert H. Rosenwasser, MD, professor and chair of the Department of Neurological Surgery, and his associates.

"Our Neurosurgery Department is one of the busiest in the nation, and we were able to reach this impressive milestone because of our dedicated team of physicians, nurses, technicians and the entire staff at Jefferson Hospital for Neuroscience," said Rosenwasser. ■







## The Eakins Scholars Meet Gabriel Ferreira: Teach Your Children Well

Making ends meet was never easy for Gabriel Ferreira's family in New Rochelle, N.Y. The second of five children, he watched his immigrant parents juggle jobs to give him and his siblings the luxury of an American education. Despite their travails and lack of a formal education in their native country of Uruguay, Ferreira's parents never relented.

"My parents' first priority was to teach their children the importance of academic achievement, dedication and moral responsibility," Ferreira says. "In a neighborhood where few parents and even fewer children concerned themselves with scholastic achievement, it could have been very easy to deviate from my path were it not for the guidance and support of my parents."

While his parents influenced his career ambitions by emphasizing the value of a productive life, many other events affected his decision to enter medicine. In 8th grade, Ferreira was invited to join an advanced science program that emphasized ophthalmology; he became involved in a yearlong research study of cataracts, working with a physician interviewing patients, sitting in on consults and observing eye surgeries. He also accompanied his mother, a special-education aide, to work, where he helped disabled children develop life, social and academic skills.

After graduating in 2006 from The State University of New York, Binghamton, Ferreira became involved with a research project to bridge the gap between the community and local healthcare providers. While this helped him solidify his interest in becoming a physician, Ferreira still faced the challenge of financing his medical education.

"The fear of incurring so much debt at such a young age is one of the things that delayed my applying to medical school," Ferreira says. "The scholarship has made my desire to pursue a medical degree a more realistic possibility."

Ferreira's scholarship came from the Eakins Legacy Fund, financed by the sale of Thomas Eakins's *The Gross Clinic*. Each year, a portion of the interest earned from the sale underwrites endowed chairs and scholarships. The fund matches dollar for dollar commitments of \$100,000 or more to establish a new endowed scholarship.

# ClassNotes

'37

**Maurice Abramson**, turned 97 in the fall and started his seventh season playing violin with the Hallandale Symphonic-Pops Orchestra in the town where he lives, Hallandale Beach, Fla. He says he suffers "a few aches and pains" but considers himself blessed.

'43

**Clarence Miller** gleefully reports that his racehorses made a profit last year!

'44

**Charles Lee Liggett** suffered a nasty fall that fractured his left elbow last year, requiring surgery. He's making progress with physical therapy and hopes to attend his 65th reunion. Liggett lives in Kerrville, Tex.

**Ray Flory** is living happily with his wife, Jane, in the Cross Keys Village Retirement Community near Gettysburg, Pa. He wants to send a special thanks to John Gartland for keeping everyone in their class up to date on Jefferson news.

'46

**Louis F. LaNoce** spent 50 years in general practice in the Philadelphia area, retiring in 1996. He and his wife recently celebrated their 60th anniversary, and they feel blessed in having three daughters, six granddaughters and a great-granddaughter.

An amateur meteorologist for years, **David Simons** is writing a book with a newspaper reporter

about climate change. Simons, who lives in Covington, Ga., believes Americans have only a vague understanding of the effects of climate change and hopes to add to their understanding.

'52

**Jerome M. Cotler**, a professor of orthopaedic surgery at Jefferson, is recuperating from spine surgery. He hopes to return to teaching soon.

'53

**Earl Wagner Wharton** is spending his retirement writing and painting in Montana. Walden Books in 2003 published his 560-page historical romance, *The Sword and the Scalpel*, which he partially based on the origins of Jefferson and the school's participation in the Civil War. He exhibited 10 impressionistic sepia watercolors at an art show in Great Falls, Mont., in March 2008.

'55

**William C. Weintraub's** wife, Susan, died unexpectedly in Jerusalem, Israel, on May 10, 2008.

'57

**Robert Brotman** still sees psychiatry patients three days a week. He spends the rest of the time enjoying life in Port Charlotte, Fla.

**Arthur DiNicola** and his wife, Betty, have found great joy in retirement by spending time with

their 20 grandchildren. Three of their seven children – **Maribeth DiNicola Sullivan, MD'84**; **Arturo DiNicola, MD'89**; and **Michelle DiNicola Loor, MD'95** – followed their dad into medicine.

**Stanley Kocut** has retired from practicing medicine but has stayed in the field as chairman of the Harwich Board of Health on Cape Cod. He and his wife of 53 years, Mary, enjoy spending time with their eight grandchildren and traveling to see friends and family.

'59

**Kenneth M. Blanc** enrolled in the University of Pennsylvania when he retired four years ago to study subjects that he had no time to pursue as a physician. He loves every minute of it. He and his wife, Sarah, also enjoy travel. His son, who lives in Philadelphia, and his daughter, who lives in California, continue to do well.

**David Harnish** retired in 2005. He spends his time learning about Third World medicine, operating a small farm in Ephrata, Pa., and enjoying six grandchildren.

**James McCallum** is greatly enjoying his retirement in Clayton, Wash.

'60

**Vincent T. McDermott Jr.** has spent his days since retiring four years ago using his medical skills to help the less fortunate in the Philadelphia area. He serves as medical director of Project

H.O.P.E., a nationally renowned homeless outreach program, and as medical director of Community Health Practice, an organization of medical volunteers serving the uninsured. He lives in Haddonfield, N.J.

'67

**Elliot J. Rayfield** is finishing two years as president of the Mount Sinai Alumni in New York City. In this position, he serves on the board of trustees of the medical center. He also is chair of the Development Committee of The Endocrine Society.

'69

**Alex Gellman** received accreditation by the Joint Commission for Office-Based Surgery and has performed more than 150 greenlight laser prostatectomies with anesthesia in his office. He has presented his work in Paris at the Congress of the Societe Internationale d' Urologie.

'71

**Delynn C. Case Jr.** retired from a clinical practice of hematology/oncology after 32 years. He serves as a consultant to the chaplaincy training program at the Maine Medical Center in Portland and writes a regular column on medicine and religion for *The Portland Press Herald*. His writing abilities extend to plays, and his works have been performed around the United States and abroad. He also serves as

## ALUMNI WEEKEND

More than 250 JMC alumni returned to campus to socialize and learn about TJU's latest innovations the weekend of Sept. 26 and Sept. 27. Donors gathered at 5 p.m. Friday at the Dorrance H. Hamilton Building for an Eakins Society Reception. Cocktails before the alumni banquet followed an hour later. On Saturday, alums attended the reunion class clinic presentations then joined Michael J. Vergare, MD, interim dean, for cheesesteaks and hoagies. Campus tours followed. The weekend ended with class receptions and dinners. **Continued on following pages >**



J. Joseph Danyo, MD'59, and Jerry Cotler, MD'52.





The Jefferson Medical College Annual Ski Trip and CME program was held Feb. 1–5 in Vail Colo. Twenty-five alumni participated in the General Medical Update CME program and many brought family members along to enjoy the skiing. Plans are underway for next year's trip – stay tuned.

director of drama at the First Baptist Church in Portland. He and his wife, Carole, have two grandchildren.

## '72

**Louis C. Baum**, a breast disease specialist with Community Surgical in the northeastern Pennsylvania town of Kingston, recently became the first Pennsylvania physician to pass the oral, practical and written exams mandatory for certification in stereotactic needle breast biopsy. Baum, former director of breast surgery at the Guthrie Clinic in northern Pennsylvania, is one of only 10 physicians in the country to win the certification.

## '73

**Mark Pascal** and his wife, Lorna, have watched with joy as their family has increased by three grand-

children: Jayden Paul, born to son Robert and Amanda in May 2007; Brooke Elizabeth to daughter Nisha and Peter Hochman in June 2007; and Yakov Yehuda to daughter Rebecca and Azriel Brockmeyer in January 2008. Pascal, who helped found the Northern New Jersey Cancer Associates, serves as director of the Medical Oncology Society of New Jersey and as a state representative to the Clinical Practice Committee of the American Society of Clinical Oncology.

**Lynne E. Porter**, long retired from medicine, now focuses on raising funds for children's nonprofits in Pittsburgh and enjoying the company of her two grown sons. She's looking forward with excitement to the next class reunion.

## '74

**John P. Lubicky** is "working harder than ever" as professor of orthopaedic surgery at Indiana University School of Medicine while practicing pediatric orthopaedics and spinal deformity surgery at Riley Hospital for Children. He continues his annual medical mission to Lithuania. Lubricky returned to Philadelphia in October for his 41st high school reunion and is looking forward to his 35th Jefferson reunion.

**Arnold J. Willis** recently organized and ran the first international meeting for minimally invasive focal therapy for prostate cancer and renal cancer. More than 100 department heads from across Europe attended the meeting at Sklyby University Hospital in Denmark. Willis is director of Mid-Atlantic Cryo-Therapy, a private company supplying cryosurgical training, equipment and technologies on the East Coast. He also is building cancer centers in Europe.

## '75

**Lee Valentine**, of Sherman Oaks, Calif., has joined the board of XCOR Aerospace, a 10-year-old company now developing a reusable rocket-powered vehicle that will take a pilot and passenger to the edge of space. Further reflecting his interest in aeronautics, Valentine also serves on the board of Orbital Outfitters, which makes pressure suits for high altitude and space flight.

**Bradley D. Wong** received the 2008 International Volunteerism Award from the American College of Surgeons last fall in recognition of his numerous overseas medical missions. Wong became involved in volunteerism at Jefferson. In 1988, he began participating with the Honolulu-based Aloha Medical Mission and has regularly held a leadership role in organizing and executing annual missions. He has served on the board of directors of Aloha Medical Mission and helped the organization expand its services and acquire a clinic to provide care locally in Honolulu.

## '76

**Larry Glazerman** recently accepted a position as director of minimally invasive gynecologic surgery at the University of Southern Florida's College of Medicine in Tampa. He will develop a program in his specialty for the college, focusing on patient care, education of residents and medical students and clinical research.

## '79

**Max Rudansky** recently received new board certification in neuropsychiatry-behavioral neurology. He has been chief of neurology since 1994 and director of the stroke unit since 2005 at Huntington Hospital on Long Island. He also serves as co-director of the traumatic brain injury unit at St. Johnland Nursing Center, also on Long Island. Max and his partner have been in private practice in adult neurology in Huntington since 1983.



Peter Hulick, MD '73, and Mary Hulick, DN '72.



David Seres, MD '85, with his father, Joel Seres, MD '58, and Phil Marone, MD '57.



Irwin Potash, MD '53, and Linda Potash.





**Bruce Jarrell, MD'73**  
2008 Distinguished Alumnus

When **Bruce Jarrell, MD** graduated from Jefferson Medical College in 1973, he had no grand vision for his career. He only knew that he wanted to stay in academia and that he felt prepared to take advantage of every opportunity.

And he has. After two years of practicing general and vascular surgery in Delaware, he returned to his medical alma mater in 1980, re-invigorating the renal transplant program and beginning the hepatic transplant program at Jefferson. A decade later, he left to chair the University of Arizona's Department of Surgery and co-found the university's biomedical engineering program with the help of a Whitaker Foundation award.

He returned to the East in 1997 as the chair of surgery for the University of Maryland School of Medicine, helping the department develop innovative research studies and clinical trials while increasing its National Institutes of Health research ranking from 33rd to 11th. Just six years later, he won the appointment of executive vice dean, managing and directing both the educational and research facets of the School of Medicine.

"I knew I wanted the intellectual stimulation that academia offered with teaching and research," said Jarrell, who received JMC's Distinguished Alumnus Award at a banquet during Alumni Weekend last September. "Students ask questions that make me think in different ways. They keep me young and on my game."

In the dean's office, Jarrell has been able to focus on his two passions by conducting educational research. Jarrell and two faculty members, concerned about the low numbers of girls and minorities attracted to science, developed a Web-based high school curriculum used throughout Maryland and in several other states. He's now working on a "virtual patient" software program that will allow medical students to practice diagnostic problem solving with hundreds of scenarios.

He said his inspiration comes from his education at Jefferson. "I had very good role models there," he said. "My professors would stimulate me to ask questions and to find my own answers, and I received a very good clinical education."



Victor Panitch, MD'58, Austin Murray, MD'58, and Lloyd Plummer, MD'58.



Gino Mori, MD'58, Anne Marie Stamford and Gerry Marks, MD'49.



Cinda Dautrich, Ron Souder, MD'73, Paul Manganiello, MD'73, and Susan Souder.

## '80

**Paul A. Kearney** was honored last fall with an endowed chair in his name at the University of Kentucky College of Medicine and University of Kentucky Medical Center. Funding for the Paul A. Kearney MD Endowed Chair in Trauma Surgery came from the HGG Family Foundation of Lexington. Kearney has served as medical director of the trauma and surgical intensive care units at the medical center since 1988, chief of trauma and critical care since 1992 and program director for the ACGME surgical critical care fellowship since 1998. He has published more than 70 peer-reviewed scientific journal articles and has made an equal number of scientific meeting presentations.

## '83

**Leonard Zon** was inducted into the American Academy of Arts and Sciences on Oct. 11. Zon is director of the stem-cell research program at Children's Hospital in Boston, the Grousbeck professor in hematology and oncology at Harvard Medical School and an investigator at the Howard Hughes Medical Institute.

## '88

**James G. Zangrilli Jr.** has taken a position with AstraZeneca as associate director, clinical research in the Respiratory and Inflammation Division. Before joining the Delaware-based pharmaceutical company, he served as training program director for pulmonary and critical care medicine and maintained a research program in asthma at Jefferson.

## '89

**William V. Harrer III** is chief of medicine at Seven Rivers Hospital in Citrus County, Fla., and vice president of the medical staff at Citrus Memorial Hospital.

**Andrew Sirotinak** won appointment as president-elect of the medical staff at The Children's Hospital in Aurora, Colo., where he has led the child abuse department since 1996. He will serve as president from 2010 through 2012. He began a four-year term on the hospital's board of directors in 2008.

## '91

**David Weismiller** has received a new responsibility in addition to his family medicine practice at The Brody School of Medicine at East Carolina University in Greenville, N.C. – associate provost of the university. He will oversee the university's accreditations and assessment processes.

## '97

**Jennifer Hopp** and her husband of one year, Brent Mitchell, now live in Fulton, Md. Their wedding drew other alumni – **Chantel Connolly, MD'97**; **Albert Peng, MD'97**; and **Kieran Connolly, MD'96**.

## '00

**David Schmidt** finished his gastroenterology fellowship at Lankenau Hospital in July 2008 and joined a GI group in Sandy, Utah. His wife, Heather Scott, '06, is in her third year of an internal medicine residency at the University of Utah in Salt Lake City.

## '01

**Gregory Freimer** and his wife, LeAnn, moved to Tyler, Texas, to be closer to family as they raise their 1-year daughter, Abigail Grace. He is working as an emergency physician at Trinity Mother Frances Hospital.

## '02

**Fiona Pasternack Blanco** and her husband, James, have a 1-year-old daughter, Anna. The family lives in Forest Hills, N.Y.

**Sharon Jakus** married David Waldman on Nov. 29, 2008. They live in Los Angeles, where she practices urogynecology at Kaiser Permanente. She completed her residency in obstetrics and gynecology at Cornell and a urogynecology fellowship at Cedars-Sinai Medical Center.

**Aradhna Saxena**, who recently completed her cardiology fellowship at Temple University Hospital, has joined Abington Medical Specialists in Abington, Pa., and took over Dr. Nathan Howe's Mohs surgery and dermatologic surgery practice in Fort Washington, Pa.

## '05

**Margaret Johnson** has joined the board of directors of the advocacy group Physicians for Reproductive Choice and Health. A family physician, she is a fellow in primary care research and faculty development at the University of Pennsylvania. She is also pursuing a master's degree in public health. Her research focuses on reproductive healthcare in the primary-care setting.

**Matthew Keller** will finish his dermatology residency at Jefferson University Hospital in June. He and his wife, Karen, live in Wilmington, Del., with their two toddlers, Matthew Jr. and Michael.

**Gary Kegel** is in the fourth year of his orthopaedics residency in Portland, Ore. He hopes to win a hand surgery fellowship in 2009.



Class of 1958's 50th Reunion



Alumni tour the Rector Clinical Skills Center at the Hamilton Building.



Interim Dean Michael J. Vergare, MD, during the luncheon.

# InMemoriam

'43

**James Russo** died Nov. 15, 2008. He spent virtually his entire career at Mercy Medical Center in Baltimore, where he established the department of anesthesiology in 1943; he served as director until 1969. He lived in Lutherville, Md., with his wife of 60 years, Gloria. Survivors also include two sons and a daughter.

'49

**John D. Paul Jr.** died in his home in Ft. Pierce, Fla., Oct. 31, 2008. Prior to his retirement, he served as a general practitioner for 10 years, followed by 23 years as a gynecological surgical oncologist in Lancaster, Pa. He was chairman of the ob-gyn department at Lancaster General Hospital from 1980–1985 and associate professor of gynecology oncology at both Hahnemann and Jefferson medical colleges in Philadelphia from 1974–1983. He is survived by his wife of 61 years, Janet, three sons and three daughters.

'52

**Donald Charles Davidson** died at his home in Margate, N.J., Sept. 27, 2008. Trained in cardiology, he joined his father's practice in Atlantic City after his fellowship, and then in 1970 opened Richmond Medical Associates with longtime friend Robert Krasny, MD. He was a fellow of the American College of Internal Medicine and of the American College of Cardiology. Davidson served as chief of staff of Atlantic City Hospital; clinical instructor of medicine for Hahnemann Medical College; and past president of the Medical Society of Atlantic County and of the Atlantic County Heart Association. He is survived by his wife, Anne, 10 children and stepchildren and a sister.

**Paul L. Hermany** died Aug. 8, 2008. He began his private practice of family medicine in Allentown, Pa., in 1954. In 1971, he founded the Family Practice Residency Program at Sacred Heart Hospital in Allentown and served as director until his retirement in 1991. He is survived

by his wife, Jane, three sons and two daughters. Paul's father, Solomon L. Hermany, MD, was a 1919 Jefferson alumnus and his granddaughter, Jennifer Aronchick, is a freshman

'52

**Charles B. Tribit Jr.** died at his home in Northeast Philadelphia Nov. 25, 2008. Tribit started his medical career in 1942 as a nurse, then served as an Army medic in northern France during World War II. After leaving the army, he decided to enter med school. He practiced family medicine for 42 years while also serving on the staff of Nazareth and Frankford hospitals. He is survived by his wife, Jean, four stepdaughters and a stepson.

'53

**Eugene A. Jaeger** died Oct. 25, 2008. A native of Denver, Jaeger attended the University of Pennsylvania in a Navy program to train officers during World War II. After earning his medical degree and completing an internship at Jefferson, he completed his residency in psychiatry at Norristown State Hospital, where he remained for several years. He was on the staff of Haverford State Hospital when it opened in 1964, and he later served as a physician in the engineering department at the DuPont Co. in Wilmington for a decade. He returned to Norristown to finish his career while maintaining a practice in Devon. He retired in the early 1990s. Jaeger is survived by his wife, Penny, two sons and a daughter.

'54

**Joseph B. Green** died Aug. 5, 2008. A Fulbright scholar and a recipient of the Fogaerty International Fellowship Award, he held neurology chairmanships at the Medical College of Georgia, Tulane University and Texas Tech University while also conducting research on epilepsy, spinal cord injuries and Alzheimer's disease. He is survived by his wife, Rita, and a daughter and son.

**David Schonholz** died Oct. 18, 2008. After graduating from Jefferson, he went to Mount Sinai Medical Center for his internship, residency and fellowship in reproductive endocrinology. He never left, serving on the faculty at Mount Sinai School of Medicine for 40 years and delivering thousands of babies. He was a dedicated teacher who received the "Outstanding Teacher of the Year" award five times. He also served as a member and then chairman of the Medical School Admissions Committee from 1970 to 1997. Schonholz is survived by his wife, Gleniss, and a son and daughter, both physicians.

'58

**John T. Rightor** died Oct. 21, 2008. He established a solo family practice in 1961 and until age 72 cared for Oil City, Pa., residents from "birth to death," as he liked to say. He is survived by his wife, Helen, and five children.

'60

**Terry German** died Nov. 17, 2008. He was an obstetrician-gynecologist at Albert Einstein Medical Center for 35 years. German delivered more than 3,000 babies, taught at Temple University School of Medicine, was medical director for Blue Cross, wrote clever lyrics and acted in plays and, for years, organized a Seder dinner for more than 170 family members. He is survived by his wife, Barbara, two daughters and a sister and brother.

'68

**William K. Grossman** died Sept. 15, 2008, in the city where he lived, Dallas. A psychiatrist, he retired in 2007 after serving as chief of staff for 20 years at the Wilkes-Barre Veterans' Administration Medical Center in northeastern Pennsylvania. He joined the center in 1974 as chief of psychiatry. He also held adjunct clinical faculty appointments at the Medical College of Pennsylvania/Hahnemann University and the University of Pennsylvania School of

Medicine. He is survived by his wife, Joan, and a son and daughter.

'71

**Barry Howard Penchansky** died at home in Lancaster, Pa., Nov. 29, 2008. He began working as an aviation medical examiner in 1976 after leaving the Air Force and practiced family medicine with Southeast Lancaster Health Services. He is survived by a son and daughter.

'77

**Jay A. Peacock** died Nov. 16, 2008, at home in Allenwood, N.J. He spent most of his career in the Monmouth County Medical Examiner's Office, 20 years as first assistant and the past seven as medical examiner. He also worked with Becker Pathology Associates as an anatomic and clinical pathologist for CentraState Medical Center. He is survived by his wife of 28 years, Susan, and by two sons, his parents, three brothers and two sisters.

## FACULTY

**Joseph Sataloff, MD, DSc**, a world renowned otolaryngologist, workers' advocate and jewelry expert, died Sept. 26, 2008. Sataloff was a professor of otolaryngology at Jefferson, where he began teaching in 1948, and an adjunct professor at Drexel University; he practiced with the Philadelphia Ear, Nose & Throat Associates. He was one of the world's first specialists in ear surgery and performed 20,000 microsurgical ear operations during his career. He also is given credit for saving the hearing of millions of American workers by lobbying tirelessly for federal legislation requiring ear protectors on noisy jobs. Sataloff wrote 11 books, including two on Art Nouveau jewelry, which he collected along with his wife of 60 years, Ruth, and their two children, Robert and Jody. His son, **Robert, MD'75, DMA, FACS**, who teaches otolaryngology at Jefferson, Drexel, Temple and Penn, is widely regarded as a founding father of voice medicine.



# By THE Numbers

Mark L. Tykocinski, MD, became the 26th dean of Jefferson Medical College in December. The college and the country have changed greatly since the school was founded with Benjamin Rush Rhees as the first dean in 1824, the same year that J.W. Goodrich introduced rubber galoshes to the public. Below is a list of all 26 deans and a few historical highlights from the years of their inaugurations.

**1824-27**

Benjamin Rush Rhees

**1827-28**

John Eberle

**1828-29**

William P.C. Barton

**1830-34**

Samuel McClellan

The first U.S. railroad station opens (Baltimore).

**1835-39**

Samuel Calhoun

**1839-41**

John Revere

**1841-54**

Robert M. Huston

Alabama becomes the first state to license dental surgeons.

**1854-68**

Robley Dunglison

**1868-69**

Samuel H. Dickson

**1869-73**

Benjamin Howard Rand

The U.S. inaugurates free postal delivery.

**1873-79**

John Barclay Biddle

**1879-83**

Ellerslie Wallace

**1883-87**

Roberts Bartholow

The railroads establish standardized time, though 30 years will pass before it is accepted by all in the United States.

**1887-1916**

James W. Holland

**1916-38**

Ross V. Patterson

**1938-41**

Henry K. Mohler

Federal minimum wage law guarantees workers 40 cents an hour, and the government forbids child labor in factories.

**1941-50**

William Harvey Perkins

**1950-58**

George Allen Bennett

**1958-67**

William A. Sodeman

PanAm flies the first transatlantic jet trip, New York to Paris, and Dr. F. Mason Sones becomes the first doctor to perform a coronary angiogram.

**1967-81**

William F. Kellow

**19881-82**

Frank W. Gray, Jr.  
[interim]

**1982-83**

Leah Lowenstein

AT&T agrees to divest itself of 22 Bell companies, and "Late Night With David Letterman" debuts on NBC-TV.

**1984-2001**

Joseph S. Gonella

**2001-07**

Thomas J. Nasca

**2007-08**

Michael J. Vergare  
[interim]

**2008-**

Mark L. Tykocinski



“When I first arrived on the scene on June 15, 1939, Jefferson occupied the eastern two-thirds of the block bounded by Walnut, Sansom, 10th and 11th streets... the total institutional budget was \$1.16 million...and the academic program consisted of studies leading only to the degree of doctor of medicine”

— **Peter A. Herbut, MD**

president of Jefferson Medical College from 1959 to 1969 and the university's first president

Herbut made his observations in the preface to his presidential papers, now housed at Jefferson. The 34 bound volumes chart Jefferson's massive growth during his decade of leadership. In 1972, he noted, the university covered nine city blocks, had a budget of \$55 million and offered four degrees.

Change Service Requested

You're invited back to Jefferson  
and historic Philadelphia!

# Alumni Weekend '09

September 25th and 26th



## HIGHLIGHTS:

- Alumni Banquet at the National Constitution Center, America's most interactive history museum
- A private viewing of "Freedom Rising," a multimedia presentation
- "Taste of Philadelphia" luncheon hosted by Jefferson's new dean, Mark L. Tykocinski, MD
- Discounted hotel rates at three area locations
- Reunion class dinners at the Loews Philadelphia Hotel
- CME program



For information, call 215-955-9100  
toll-free 1-877-JEFF-GIFT  
or email [events@jefferson.edu](mailto:events@jefferson.edu)

**[www.jefferson.edu/alumni](http://www.jefferson.edu/alumni)**